

# VANTAGECARE RETIREMENT HEALTH SAVINGS (RHS) PLAN EMPLOYEE CHANGE FORM - Page 1



ICMA RETIREMENT CORPORATION

- Use this form to make changes to your existing RHS Plan account. Please print legibly in blue or black ink.
- Read instructions on the back before completing this form.
- For enrollments, use the *VantageCare Retirement Health Savings Plan Employee Enrollment Form* available from your employer.
- Please check all appropriate boxes:
  - ☐ Change in Name (Please attach legal document)
  - ☐ Change in Address
  - ☐ Change in Beneficiary
  - ☐ Change in Marital Status

## 1 Essential Information (You must complete the information in this section.)

Employer Plan Number	Employer Name	State
8 _____	_____	_____
Name (Last, First and Middle Initial)		Social Security Number
_____		_____ - _____ - _____

## 2 Change in Personal Information

Home Phone Number	Marital Status:	Mailing Address
(_____) _____ - _____ Area Code	<input type="checkbox"/> Married <input type="checkbox"/> Single	Street _____ City _____ State _____ Zip Code _____

### Change in Work Information

Job Title	Work Phone Number
_____	(_____) _____ - _____ Area Code

## 3 Beneficiary Designation (Note: Only the employee may name beneficiaries. Spousal/Dependent participants may not name beneficiaries.)

### Primary Beneficiary(ies)

Name _____	Relationship _____	% of Benefits _____	SSN _____ - _____ - _____
DOB _____		Full Address _____	
Phone Number (_____) _____			
Name _____	Relationship _____	% of Benefits _____	SSN _____ - _____ - _____
DOB _____		Full Address _____	
Phone Number (_____) _____			
Name _____	Relationship _____	% of Benefits _____	SSN _____ - _____ - _____
DOB _____		Full Address _____	
Phone Number (_____) _____			

☐ Additional primary beneficiaries on attached sheet

(Note - Residents of community property states should consult a financial adviser.)

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Beneficiary Designation (Continued)

**Contingent Beneficiary(ies)** (Death benefits will be paid to a Contingent Beneficiary only if **NO** primary beneficiary lives longer than you.)

Name\_\_\_\_\_ Relationship\_\_\_\_\_ % of Benefits\_\_\_\_\_ SSN\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DOB\_\_\_\_\_ Full Address\_\_\_\_\_

Phone Number (\_\_\_\_\_)\_\_\_\_\_

Name\_\_\_\_\_ Relationship\_\_\_\_\_ % of Benefits\_\_\_\_\_ SSN\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DOB\_\_\_\_\_ Full Address\_\_\_\_\_

Phone Number (\_\_\_\_\_)\_\_\_\_\_

Name\_\_\_\_\_ Relationship\_\_\_\_\_ % of Benefits\_\_\_\_\_ SSN\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DOB\_\_\_\_\_ Full Address\_\_\_\_\_

Phone Number (\_\_\_\_\_)\_\_\_\_\_

Name\_\_\_\_\_ Relationship\_\_\_\_\_ % of Benefits\_\_\_\_\_ SSN\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DOB\_\_\_\_\_ Full Address\_\_\_\_\_

Phone Number (\_\_\_\_\_)\_\_\_\_\_

☐ Additional contingent beneficiaries on attached sheet

(Note - Residents of community property states should consult a financial adviser.)

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Authorized Signatures

I acknowledge I have read the instructions for the *RHS Employee Change Form*. If I am married and live in a community property state (see instructions), I certify that my spouse has signed below if I have named someone other than my spouse as beneficiary in Section 3.

\_\_\_\_\_

Participant Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Your Spouse's Signature (If resident of a community property state)

\_\_\_\_\_

Date

\_\_\_\_\_

Employer's Signature

\_\_\_\_\_

Date

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# RHS PLAN EMPLOYEE CHANGE FORM INSTRUCTIONS



The *RHS Plan Employee Change Form* enables you to change information for your RHS Plan account.

This form may also be used after the participant's death to change the name and address of eligible spousal/dependent participants. If you need to add or delete dependents after attaining eligibility for benefits, contact Zenith Administrators, Inc. at 1-800-788-5885.

So that we may process your account change efficiently, please complete this form accurately and completely and submit the completed form to your employer. Please be sure to keep a copy of all forms and documentation you submit for your records.

Always review your quarterly statements to confirm the accuracy of the changes. If you discover a discrepancy, contact ICMA Retirement Corporation's (ICMA-RC's) Investor Services staff at 1-800-669-7400 as soon as possible.

## 1. Essential Information

Please complete this section carefully. The information must be completed in order for ICMA-RC to process your requested changes. If you are reporting a name change, please enter your new name into the "Name" line in Part 1, and attach a copy of one of the following: Driver's License, Social Security card, marriage certificate or court order.

## 2. Change in Personal and Work Information

Use this section to change the mailing address for your statements and other important account information.

## 3. Beneficiary Change

Use this section to change your beneficiary(ies). If this form is not signed, your new beneficiary(ies) designation will not be valid. If a valid form is not filed, then if at the time a death benefit payment is required, benefits will be paid to the beneficiary(ies) named on your *RHS Plan Employee Enrollment Form* or your most recent valid *RHS Plan Employee Change Form*. If no valid form is on file at the time a death benefit payment is required, then benefits will be paid to your estate.

Note: Only the original participant may name beneficiaries. Spousal/dependent participants may not name beneficiaries.

If you need to designate more than four primary beneficiaries or more than four contingent beneficiaries, please do so on a separate sheet of paper.

**Any resident of a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, or WI) who is married should obtain his or her spouse's consent to designate a primary beneficiary other than his or her spouse.**

## 4. Authorized Signatures

**Employee:**

Once you have completed this form, sign it, make a copy for yourself and submit it to your employer.

**If you are currently eligible to receive benefits under your employer's RHS Plan, you will also need to contact Zenith Administrators, Inc. at 1-800-788-5885 to inform Zenith of a name and/or address change.**

**Employer:**

Once the employee has completed this form, enter name and address changes into EZ Link.

Retain a copy of this form for your records as ICMA-RC will call upon you for the beneficiary information when needed.